

**North Carolina – Treatment Outcomes and Program Performance System  
(NC-TOPPS)**

**July 24, 2008 Advisory Committee Meeting Minutes**

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**Attendees**

Member/Representatives:

Sonja Bess	Catawba/Burke Local Management Entity (LME)
Kent Earnhardt	MH Consumer Advocate
Sharon Garrett	Vision Behavioral Health Services
Pamela Moye	Guilford Consumer and Family Advisory Committee
Christy Pelletier	Coastal Horizons
LisaCaitlin Perri	The Durham Center
Dave Peterson	Wake County LME
Andy Smitley	Sandhills
Diocles Wells	Southeastern Center for Mental Health, Developmental Disabilities, & Substance Abuse

Guests:

John Bigger	Southern Regional Area Health Education Center, NC Evidence-Based Center
Leatte Black	Eastpointe
Rose-Ann Bnyda	Cumberland LME
Tammy Bonas	Wake County LME
Becky Brice	Beacon Center
Connie Brown	Alamance-Caswell-Rockingham LME
J.T. Cardwell	Drug Free NC – Partnership
Teresa Caudle	Crossroads
Margaret Clayton	Five County Mental Health Authority
John Coble	CenterPoint
Wes Early	Guilford Center
Joe Fortin	Guilford Center
Paula Mauney	Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services
Michael Norton	Orange Person Chatham LME
Trina Powell	Alamance-Caswell-Rockingham LME
Tammy Powers	Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services
Tiffany Roberts	Albemarle Mental Health Center
Jay Taylor	Pathways LME
Vince Wagner	Cumberland County Mental Health Center

Staff:

Spencer Clark	Community Policy Management, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS)
Becky Ebron	Quality Management, NC DMHDDSAS
Starleen Scott-Robbins	Best Practice & Community Innovations, NC DMHDDSAS
Shealy Thompson	Quality Management, NC DMHDDSAS
Jenny Wood	State Operated Services, NC DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS)
Alexis Lockett	NCSU CUACS
Kathryn Long	NCSU CUACS

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Kathleen Snyder	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Robert Hubbard	NDRI
Deena Murphy	NDRI
Lillian Robinson	NDRI

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### **Meeting Convened at 10:10 a.m. with Self Introductions**

#### **April 24, 2008 Meeting Minutes Approved**

- ❖ Minutes were approved as presented.

#### **Changes at CUACS – K. Eller**

- ❖ K. Eller announced the departure of Mindy McNeely and arrival of part time staff member Kathleen Synder. Eller will be in charge of project.

#### **Changes for NC-TOPPS Users – K. Eller**

- ❖ New help desk email address is [nctopps@ncsu.edu](mailto:nctopps@ncsu.edu). Address is operational but staff is still making procedural modifications. The goal is to speed up getting passwords back to clinicians.
- ❖ Karen shared that those who contact CUACS via email should check spam boxes or junk mail if they have not heard from the staff in a timely manner. CUACS personnel have discovered that often their responses back to clinicians have gone to these locations; thus, clinicians think they haven't heard from CUACS. If after checking spam boxes and junk mail they still have not received a reply, the clinician should contact CUACS via phone.
- ❖ NC-TOPPS MH/SA users will have to sign a data user access agreement. The first time users log into the system they will have to agree to the user access agreement. The agreement ends with termination of employment from current employer. B. Ebron requested that provider agency staff communicate with each other so when employees are no longer with their company the appropriate person can revoke NC-TOPPS access for the employee who has left. Employers should also reassign consumers of staff who are no longer with the company. Also if someone has not logged in for 90 days their access to NC-TOPPS is terminated. Currently, the data user agreement is not on Alcohol and Drug Abuse Treatment Center (ADATC) and Treatment Accountability for Safer Communities (TASC) online systems.
- ❖ In an attempt to maintain more security over NC-TOPPS data a new Superuser authorization form was implemented July 1, 2008. When new super users contact CUACS to become super users they will receive the form.
- ❖ K. Eller gave an online demonstration of the "User Enrollment" site. A request was made by an attendee that a link to the help desk email address be placed on the "User Enrollment" screen. Two attendees shared that the new "User Enrollment" site is easier to use.
- ❖ Karen noted that in the near future a Frequently Asked Questions section will be added to the NC-TOPPS website.
- ❖ CUACS will send out a notification to all email contacts about changes.

#### **July 1, 2008 Interviews and Guidelines – M. Cawley & K. Eller**

- ❖ The intent this year was to revise and shorten the NC-TOPPS tool by a third to a fourth while maintaining items that were useful. Suggestions and feedback for the revision were obtained from several consumer and provider focus groups, Advisory Committee members, LMEs, QI contacts, and Division staff. Eleven of 25 LMEs responded. Questions that guided the process were: Is this item necessary? Is this an outcome? Is the data gathered elsewhere?
- ❖ Advisory Committee attendees were provided a document entitled "Summary of Revisions 2008-09" and examples of PDF versions of the NC-TOPPS Adult Initial and Update Interviews.

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- ❖ Changes include streamlining questions that were long and complex, such as the item on psychotropic drugs. In the past, we asked three questions on psychotropic drugs:
  - Do you have a current prescription for psychotropic medications?
  - In the past month, how often have you taken this medication as prescribed?
  - If taken sometimes or rarely/never, what are the reasons for not taking your medication more regularly?The new tool asks one question: “In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?”
- ❖ In other cases, items were deleted if there were similar questions. For example, on the Adolescent and Child Interviews, the question “In the past 3 months, who was your (your child) primary caregiver?” was dropped while retaining the similar item “In the past 3 months, who did you (your child) live with the most of the time?”
- ❖ Additionally, other items were dropped if they were being gathered elsewhere. For example, the federal TEDS (Treatment Episode Data Set) items were dropped from the Interviews due to their complexity and that they also were being gathered elsewhere.

### **Updates – K. Eller & M. Cawley**

- ❖ NC-TOPPS: ADATC and NC-TOPPS: TASC have made no or minor changes to their Interviews.
- ❖ The clinician query and dashboard system is anticipated to be available by January 1, 2009. The Dashboard is for public use. It will provide statewide and LME data of different populations on the National Outcome Measures (NOMS).
- ❖ Advisory committee meeting attendees were given an online demonstration of the dashboard system. The next step is to move the dashboard from the developer's site to CUACS who will be implementing the dashboard system.
- ❖ Five NC-TOPPS Snapshots are now available. They are located under the reports/presentation link at the NC-TOPPS website. Cawley linked to Snapshot 4, Educational Performance among Children (6-11) in Mental Health Treatment, to use as a discussion point. Attendees were encouraged to give suggestions for future topics that would be useful to users of NC-TOPPS data.
- ❖ Attendees were informed of two new presentation links under Reports/Presentations:
  - “NC-TOPPS Overview 2008” provides useful information on using the online NC-TOPPS and
  - “NC-TOPPS: A Tool for Change” is a FARO Spring Conference presentation on how to use NC-TOPPS reports.
- ❖ Attendees requested that users be notified via email of new website postings and asked for the development of an online training video on how to use the NC-TOPPS tool.

### **QI Forum Issues – A. Smitley**

- ❖ In May and June the QI forum addressed issues about consumers and clinicians moving from provider to provider and clinician enrollment. They requested clarification on compliance with submission of data and timeframes. Does the update timeframe change if consumer moves to a new provider? If a consumer moves the clinician will still get an update needed notification. The notification is based on the submission date of the Initial Interview. The Update should be completed two weeks plus or minus the specified due date. Attendees noted the difficulty with communicating with providers, thus, it is making it hard to get consumers transferred appropriately. It was suggested that possibly that the Division's LME System Performance Team could help LMEs address this issue.
- ❖ Other situations were discussed. If an original provider hasn't seen a consumer in 60 days they should do a discharge. It was noted that a consumer can be tracked by paid claims. If claims are being paid but a NC-TOPPS has not been completed then that agency should complete the NC-TOPPS. A conversation took place over the new transfer policy. It was asked if the new policy has been beneficial. One LME representative stated yes. It has helped them in cleaning up its NC-TOPPS data and it has limited the number of Initials that get completed. The current number of Initials better represents the actual number of consumers in the system.
- ❖ The issue of “How are LMEs handling plans of correction?” will be placed on next advisory committee agenda.

**Planning for SFY 2009 Advisory Committee Meetings – M. Cawley & Members**

- ❖ Cawley led the group's discussion on the Advisory Committee, including membership, meeting times and topics to be addressed. Questions posed to the group were: Do we need to make any changes to the Committee? Are quarterly meetings still appropriate? Future topics?
- ❖ Participants overwhelmingly supported keeping the Committee composition similar to what it is and the quarterly meeting dates and times. Suggestions of topics to address included:
  - visit NOMS website for national trends
  - compare data between states
  - look at other data bases, such as the Behavioral Risk Factor Surveillance System (BRFSS)
  - compare LMEs through a standardized comparison with state and LMEs.
  - move from submission/compliance to consumer outcomes emphasis
- ❖ A suggestion receiving strong support was to set-up a bi-monthly telephone conference call. Issues that could be discussed could include those items raised at the QI Forum, such as the transfer of consumers due to changes in community support and assisting LMEs in understanding the capability of a NC-TOPPS Super user.
- ❖ Additionally, it was encouraged to put together an online training (superusers, clinician/consumer) after assessing needs of super users as it relates to training.

**Upcoming End of Year Reports – G. Craddock**

- ❖ Initials reports were completed for each of the 5 age/disability groups at the state and LME level. By next week these reports will be on each LME's super user account. Reports now contain a provider page that shows number of interviews for each provider that contributed to the LME total.
- ❖ A link has been established where individuals can request reports via a short form. The link is [reportrequest@ndri-nc.org](mailto:reportrequest@ndri-nc.org). Required Information: (1) Requestor name, title, and organizational affiliation, (2) Name and address of provider or LME for whom a report is being processed, (3) age/disability group(s) for the report(s), and (4) purpose of report.

**Other - Question & Answer Session with S. Thompson & S. Clark**

- ❖ An Advisory Committee attendee asked why at discharge when a clinician checks that a consumer has not been seen in 60 days NC-TOPPS still asks last 30 days questions. The answer given was it is worded on the tool as such due to federal TEDS reporting. We still need treatment completion data. There is a note that pops up when the reason for the Episode Completion is "Individual did not return as scheduled within 60 days". Changing the note wording would help clinicians. The Division expects the clinician to put down to the best of their knowledge what is the client's status when they last had contact. It was then asked if the clinician can answer from last point of contact since the way it is worded confuses clinicians. The management team will review the note that is in the tool for this situation and will get feedback from the attendee asking the question before modifying the note in the tool.
- ❖ Another attendee expressed concern that the statements in the guidelines on page 4 of 12 concerning data confidentiality are contradictory. Discussion ensued which clarified for the questioner what is described and explained by the confidentiality section. Division staff shared that it is prudent for consumers to know that their information is being shared. This situation is more of notification than consent. However, care coordination which deals in specifics about a particular consumer's coordination of care and treatment requires consent under 42-CFR. Regulatory and auditory actions do not require consent. All are advised to be prudent and have consumers knowingly complete a consent form. Consumers' records at the agency level should contain consent forms.
- ❖ Discussion took place over how to handle consumer transfers from one provider to another. One attendee requested that a standardized procedure for handling transfers be established.

**Wrap Up and Adjournment**

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❖ Meeting adjourned at 2:00 pm.

Please contact Marge Cawley at [cawley@ndri-nc.org](mailto:cawley@ndri-nc.org) for a copy of handouts given during the meeting.